

**DEPARTMENT OF FISH AND GAME**  
**OFFICE OF TRAINING AND DEVELOPMENT**  
 3201 "S" STREET  
 SACRAMENTO, CA 95816  
 (TEL.) 916-227-5156 (FAX) 916-227-5169

**TRAINING REQUEST**

FG TR-290 (REV 1/2000)

**SEE BELOW FOR  
COMPLETION INSTRUCTIONS**

			DATE SUBMITTED	FISCAL YEAR	TR NUMBER
EMPLOYEE'S NAME (Last) (First) (Middle Initial)			UNIQUE CODE		
CIVIL SERVICE CLASSIFICATION			BARGAINING UNIT	E-MAIL ADDRESS	
REGION/DIVISION/BRANCH			WORK TELEPHONE NUMBER		
WORK ADDRESS		CITY	ZIP CODE	FAX NUMBER	
COURSE CODE AND TITLE (Attach description)			<b>TRAINING CATEGORY</b> (Check One)		
VENDOR NAME AND HEADQUARTERS CITY			<input type="checkbox"/> JOB REQUIRED <input type="checkbox"/> JOB RELATED		
CLASS LOCATION			<input type="checkbox"/> UPWARD MOBILITY <input type="checkbox"/> CAREER RELATED*		
CLASS DATE(S)	STATE HOURS	EMPLOYEE HOURS	*BE SURE TO INDICATE YOUR EMPLOYEE CONTRIBUTION BELOW.		

**TRAINING COST AND AUTHORIZATION**

(See instructions below for completing.)

	(Estimated)	(Total)	(Index Code)	(Object Code)	(PCA Code)	(Activity Code)
TUITION, BOOKS & SUPPLIES	\$ _____		_____	_____	_____	_____
		\$ _____	_____	_____	_____	_____
TRAVEL .....	_____		_____	_____	_____	_____
		\$ _____	_____	_____	_____	_____
PER DIEM .....	_____		_____	_____	_____	_____
	\$ _____		_____	_____	_____	_____
SUBTOTAL .....		\$ _____				
EMPLOYEE CONTRIBUTION		_____				
TOTAL COST .....		\$ _____				

**FOR OTD USE ONLY**

LOGGED \_\_\_\_\_

DATA ENTRY \_\_\_\_\_

APPROVALS		CERTIFICATION OF COMPLETION	
SUPERVISOR	DATE	I certify the above training was successfully completed.	
TRAINING COORDINATOR	DATE		
REGIONAL MANAGER/DIVISION CHIEF/BRANCH CHIEF	DATE	EMPLOYEE	DATE
TRAINING OFFICER	DATE	SUPERVISOR	DATE
ADDITIONAL APPROVAL (if required)	DATE		
REQUEST APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS		

ROUTING INSTRUCTIONS:

SUBMIT THIS REQUEST TO YOUR SUPERVISOR, RETAIN A PHOTOCOPY FOR YOUR RECORDS, THEN ROUTE TO TRAINING COORDINATOR. TRAINING OFFICE WILL RETURN TWO CONFIRMATION COPIES – ONE FOR EMPLOYEE AND ONE FOR TRAINING COORDINATOR.

**TRAINING REQUEST**

FG TR-290 (REV 1/2000)

**INSTRUCTIONS FOR COMPLETING TR-290**

This form is to be used to report all **formal** training attended (on State time or at State expense) by departmental employees.

Once the training has been approved, the Office of Training and Development (OTD) will register employees in State Training Center classes. The employee is responsible for all other training reservations, and for all travel and lodging arrangements.

TR NUMBER: Leave blank. This will be completed by the OTD.

UNIQUE CODE: Enter the LAST FOUR digits of Social Security Number.

CIVIL SERVICE CLASSIFICATION: Please use classification, not a working or functional title.

BARGAINING UNIT: Enter Unit number of "S" for designated supervisor, "M" for designated manager, "C" for confidential, or "Ex" for exempt.

COURSE CODE AND TITLE: Enter code if one is indicated and the full title of training program.

VENDOR NAME OF HEADQUARTERS CITY: Enter the name of organization sponsoring the course and the city where organization is located, even if the course is held in another location; e.g., UCD - Davis, CA.

CLASS LOCATION: Enter city where course will be conducted.

STATE/EMPLOYEE HOURS: Enter actual course hours only. Do not include travel time.

TUITION: Enter cost of registration or tuition fee, books, and supplies. Indicate Cal-Stars' Index, Object, PCA, and Activity codes to be charged.

TRAVEL: Enter figure for travel. Indicate Cal-Stars' Index, Object, PCA, and Activity codes to be charged.

PER DIEM: Enter figure for per diem. Indicate Cal-Stars' Index, Object, PCA, and Activity codes to be charged.

EMPLOYEE CONTRIBUTION: Indicate total amount employee will pay, if applicable.

APPROVALS: Training Request must be signed by employee's supervisor, Training Coordinator, and Regional Manager or Division/Branch/Office Chief prior to submission to the OTD.

CONFIRMATION: When Training Request has been approved by the OTD, two confirmation copies will be returned – one to the employee and one to the Training Coordinator.

AFTER TRAINING: When training has been completed, the employee should:

1. Complete the course evaluation information below.
2. Sign the certification of completion.
3. Have the supervisor sign the certification of completion.
4. Return the copy to the OTD for posting to the departmental training history files.

TRAINING EVALUATION			
Overall the course was:	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR <input type="checkbox"/> POOR
The course was:	<input type="checkbox"/> TOO TECHNICAL	<input type="checkbox"/> TOO GENERAL	<input type="checkbox"/> ABOUT RIGHT
Of what value was course to you?			
Would you recommend others attend this course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	COMMENTS

## TRAINING CATEGORIES:

**Job-Required:**

Job-required training is designed to assure adequate performance in a current assignment. This includes orientation training, training made necessary by new assignments or new technology, refresher training for the maintenance of ongoing programs, safety training, and training mandated by law or other State authority.

**Job-Related:**

Job-related training is designed to increase job proficiency or improve performance above the acceptable level of competency established for a specific job assignment.

**Upward Mobility:**

Upward mobility training is designed to provide career movement opportunity for employees within classifications designated as upward mobility per Government Code Section 19400, et seq.

**Career-Related:**

Career-related training is designed to assist in the development of career potential and is intended to help provide an opportunity for self-development while also assisting in the achievement of the Department's or the State's missions. Career-related training may be unrelated to a current job assignment.